

**TRANSMITTAL OF UTILITY
APPLICATION UNDER
37 C.F.R. §1.53**

Attorney Docket No.	37991-0001
Customer Number	24,961
First Named Inventor	Georges RAWADI et al. <i>[Signature]</i>
Express Mail Label #	EV 335467176 US
Date of Mailing	September 19, 2003

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10/65316
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09/19/03

Application Elements		Accompanying Application Papers
1. <input checked="" type="checkbox"/> Fee Transmittal Form		
2. <input checked="" type="checkbox"/> Specification containing <u>20</u> pages (including claims and Abstract).		
a. Title: GSK-3 β INHIBITORS IN THE TREATMENT OF BONE-RELATED DISEASES		
b. Number of claims: 15		
3. <input checked="" type="checkbox"/> 6 sheets of drawings with <u>6</u> Figures (1-6D)		
4. <input type="checkbox"/> Declaration		
5. <input type="checkbox"/> Sequence Listing		
<input type="checkbox"/> Paper copy (identical to computer copy)		
<input type="checkbox"/> Computer readable copy		
<input type="checkbox"/> Verified statement		
SIGNATURE OF ATTORNEY/AGENT		
 HELLER EHRLMAN WHITE & MCAULIFFE LLP Stephanie Seidman Registration Number: 33,779		
<input type="checkbox"/> Benefit of priority under 35 U.S.C. §119(e) is claimed.		

CORRESPONDENCE ADDRESS

Customer No.	26,633	
Name	Patricia D. Granados Registration No. 33,683 HELLER EHRLMAN WHITE & MCAULIFFE LLP	
Address	1666 K Street, N.W., Suite 300, Washington, DC 20006	
	Telephone: (202) 912-2000	Facsimile: (202) 912-2020

FEE TRANSMITTAL ACCOMPANYING UTILITY APPLICATION UNDER 37 C.F.R. §1.53	Attorney Docket No.	37991-0001
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FEE CALCULATION FOR CLAIMS AS AMENDED

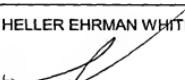
a)	Basic Fee	<u>\$750.00</u>
b)	Independent Claims <u>.3</u> - <u>3</u> = <u>0</u> x \$ 84.00	<u>=</u> <u>\$ 0.00</u>
c)	Total Claims <u>15</u> - <u>20</u> = <u>-5</u> x \$ 18.00	<u>=</u> <u>\$ 0.00</u>
d)	Fee for Multiple Dependent Claims - <u>\$280.00</u>	<u>\$280.00</u>
		<u>TOTAL FILING FEE</u> <u>\$1030.00</u>

- Status as Small Entity is claimed reducing Fee by one-half to \$515.00
- A check in the amount of \$515.00 to cover the fee for filing the application.
- Charge \$ 0.00 to Deposit Account No. 08-1641
- The Commissioner is hereby authorized to charge any fees, including the filing fee and excess claims fee, that may be required in this application under 37 C.F.R. §§ 1.16-1.17 during its entire pendency, or credit any overpayment, to Deposit Account No. 08-1641. If proper payment is not enclosed, such as a check in the wrong amount, unsigned, post-dated, otherwise improper or informal, or absent, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 08-1641 during the entire pendency of this application. This sheet is filed in duplicate.

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Address	1666 K Street, N.W., Suite 300, Washington, DC 20006	
	Telephone: (202) 912-2000	Facsimile: (202) 912-2020
Submitted by:		
Typed or printed name	Stephanie Seidman	Reg. Number 33,779
Signature		Date 09/19/2003 Deposit Account 08-1641

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SIGNATURE OF ATTORNEY/AGENT	
 HELLER EHRMAN WHITE & McAULIFFE LLP Stephanie Seidman Registration Number: 33,779	

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